Effective October 1, 2003												471
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			•	R THAN ENTITY
T	OTAL CLAIMS	•	1			. '		RATE	FEE	TOR	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR		1
TOTAL CHARGEABLE CLAIMS			minus 20=		•	J		XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2_minus 3 =		·0			X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=			+290=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in o						column 2		TOTAL		OR	TOTAL	22
CLAIMS AS AMENDED - PART II									-	JOH	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	SMALL	
AMENDMENT A	1-28-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOS	Total	. 6	Minus	- 2	<u>\delta</u>	- Ø		X\$ 9=	•	OR	X\$18=	
AME	Independent	NITATION OF A	Minus	DÉNIDENT	<u> </u>	· Ø		. X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		1 '	. TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)		ADDIT. FEE		10	ADDIT. FEE	
AMENDMEN	4-26-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 11	Minus	- 2	0	= ()		X\$ 9=		OR	X\$18=	
	Ind pendent	NTATION OF MI	Minus	ENDENT (O AIM	= ()		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
				_			_ A	TOTAL DDIT, FEE		OR ,	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												,
I I		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBE PREVIOL PAID FO	er Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
<u> </u>		NTATION OF MU						+145=		OR	+290=	
~ H	thing entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR A	TOTAL DOIT, FEE	
T	ine "Highest Num he "Highest Num!	mber Previously Pa ber Previously Paid	IO For IN THIS For (Total or	5 SPACE is I Independent	ess thar i) is the l	3, enter "3." highest number		DDIT. FEE	propriat box			

Application or Docket Number